62A384C (1-08) Commonwealth of Kentucky DEPARTMENT OF REVENUE

## **CLAY PROPERTY TAX RETURN**

For Assessment as of January 1, \_\_\_\_\_

File a separate return for each county

## File by April 15 with:

Department of Revenue Office of Property Valuation Station 33 501 High Street Frankfort, Kentucky 40620

Filer Name				County	
Address  City				SS#	
City	State	Zip	Telephone	FIN	
			()		

## **ACTIVE PROPERTY:**

Map ID	Owner's Name	Owner's Address	% Ownership	Product Tons In Prior Year	Royalty Rate

Map ID	Owner's Name	Owner's Address	% Ownership	Permitted Acres	Idle Acreage	
EASE TEI	RMINATED DURING THE P	RIOR YEAR:				
Map ID	Owner's Name	Owner's Address	Acres	Reason for T	r Termination	
DODED/IX	Z COLD OD DUDGUA CED DI	IDINIC THE DDIOD VEAD				
Aap ID	Y SOLD OR PURCHASED DU Grantor	Grantee	Total Value	Clay Value	Db/Pg	
		VERIFICATION	1			
nder penalt	ies of perjury. I do solemnly swo	ear or affirm that I have examined this	report, including accon	npanying schedules, st	tatements and m	
d to the be	st of my knowledge, information	n and belief, it is a true, correct and correquesting an assessment is incorporat	nplete return. I acknow	ledge under these san	ne conditions th	
y and an d	ocumentation supporting and/or	requesting an assessment is incorporat	ca by reference into thi	s return and made a pa	art 1161601.	
Authorized Signature			arer's Signature			